
OAKBROOK HEALTH & REHABILITATION

206 WEST PROSPECT STREET

THORP 54771 Phone: (715) 669-5321 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 58 Yes Number of Residents on 12/31/02: 57 Average Daily Census: 57

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)	용				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	40.4
Supp. Home Care-Personal Care	No					1 - 4 Years	26.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	33.3
Day Services	No	Mental Illness (Org./Psy)	33.3	65 - 74	3.5		
Respite Care	Yes	Mental Illness (Other)	3.5	75 - 84	28.1		100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	52.6	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	15.8	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	sidents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	42.1	65 & Over	100.0		
Transportation	No	Cerebrovascular	5.3			RNs	10.5
Referral Service	No	Diabetes	7.0	Sex	90	LPNs	7.0
Other Services	No	Respiratory	1.8			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	7.0	Male	33.3	Aides, & Orderlies	51.0
Mentally Ill	No			Female	66.7		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for	No No No	Cerebrovascular Diabetes Respiratory	5.3 7.0 1.8 7.0	 Sex Male Female	33.3 66.7	RNs LPNs Nursing Assistants, Aides, & Orderlies	7.0

Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care	! 		
Level of Care	No.	olo	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	1	2.4	109	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.8
Skilled Care	4	100.0	291	35	83.3	94	0	0.0	0	11	100.0	120	0	0.0	0	0	0.0	0	50	87.7
Intermediate				6	14.3	78	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	10.5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		42	100.0		0	0.0		11	100.0		0	0.0		0	0.0		57	100.0

OAKBROOK HEALTH & REHABILITATION

Nursing Care Required (Mean)

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Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02								
Deaths During Reporting Period			m.+.1							
			0		% Needing	0 7 1 1 1	Total			
Percent Admissions from:		Activities of	8		sistance of	4	Number of			
Private Home/No Home Health			-	One	Or Two Staff	- L	Residents			
Private Home/With Home Health	2.6	Bathing	0.0		66.7	33.3	57			
Other Nursing Homes	51.3	Dressing	19.3		59.6	21.1	57			
Acute Care Hospitals	35.9	Transferring	24.6		49.1	26.3	57			
Psych. HospMR/DD Facilities	0.0	Toilet Use	22.8		49.1	28.1	57			
Rehabilitation Hospitals	0.0	Eating	61.4		36.8	1.8	57			
Other Locations	0.0	* * * * * * * * * * * * * * * * * * *	*****	****	******	*******	******			
Total Number of Admissions	39	Continence		%	Special Treat	ments	%			
Percent Discharges To:		Indwelling Or Extern	al Catheter	3.5	Receiving R	espiratory Care	7.0			
Private Home/No Home Health	13.5	Occ/Freq. Incontinent	t of Bladder	57.9	Receiving T	racheostomy Care	0.0			
Private Home/With Home Health	16.2	Occ/Freq. Incontinent	t of Bowel	36.8	Receiving S	uctioning	0.0			
Other Nursing Homes	10.8				Receiving O	stomy Care	5.3			
Acute Care Hospitals	5.4	Mobility			Receiving T	ube Feeding	1.8			
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	5.3	Receiving M	echanically Altered Diets	36.8			
Rehabilitation Hospitals	0.0									
Other Locations	2.7	Skin Care			Other Residen	t Characteristics				
Deaths	51.4	With Pressure Sores		5.3	Have Advanc	e Directives	93.0			
Total Number of Discharges		With Rashes		14.0	Medications					
(Including Deaths)	37				Receiving P	sychoactive Drugs	61.4			

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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

************************ Ownership: Bed Size: Licensure: Proprietary 50-99 Skilled This All Facility Peer Group Peer Group Peer Group Facilities 용 Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 98.3 80.0 1.23 1.18 83.3 1.18 85.1 83.5 1.15 Current Residents from In-County 73.3 72.9 75.8 49.1 0.67 0.67 0.65 76.6 0.64 Admissions from In-County, Still Residing 10.3 19.2 0.54 22.2 0.46 22.0 0.47 20.3 0.51 Admissions/Average Daily Census 68.4 110.2 118.1 0.58 133.4 0.51 136.0 0.50 0.62 Discharges/Average Daily Census 64.9 138.5 0.47 112.5 0.58 120.6 0.54 135.3 0.48 Discharges To Private Residence/Average Daily Census 19.3 59.1 0.33 44.5 0.43 49.9 0.39 56.6 0.34 Residents Receiving Skilled Care 89.5 93.4 0.96 93.5 0.96 93.5 0.96 86.3 1.04 Residents Aged 65 and Older 100 95.9 93.5 93.8 1.07 87.7 1.14 1.04 1.07 Title 19 (Medicaid) Funded Residents 73.7 1.10 70.5 1.04 1.09 73.2 1.01 67.1 67.5 Private Pay Funded Residents 19.3 16.8 1.15 21.5 0.90 19.3 1.00 21.0 0.92 Developmentally Disabled Residents 0.0 0.9 0.00 0.7 0.00 0.7 0.00 7.1 0.00 37.7 Mentally Ill Residents 36.8 33.7 1.09 39.0 0.95 0.98 33.3 1.10 General Medical Service Residents 7.0 0.36 0.40 0.39 19.3 17.6 18.1 20.5 0.34 Impaired ADL (Mean) 48.4 46.1 1.05 46.9 1.03 47.5 1.02 49.3 0.98 Psychological Problems 61.4 51.2 1.20 54.6 1.13 52.9 1.16 54.0 1.14 8.8 7.2 1.30 6.8 1.29 7.2 1.22

1.22

6.8